

The Power of VA/DoD Sharing Conference



Toward a 21st Century Solution for a 20th Century Paper Medical Record

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VA DoD Benefits Executive Council MRWG Co-Chairs



Discussion Topics



Background

- Executive Leadership and Departmental Oversight
- Why We Can't Wait for an Electronic Health Record
- BEC Medical Records Workgroup (MRWG)

The Way Forward - "Bridging the Gap"

- Service Treatment Record (STR) Analysis
- Findings
- Critical Issues
- A View Towards the Future
- Conclusion
- Next Steps



VA/DoD Executive Council Structure -



Overview.

VA/DoD JOINT EXECUTIVE COUNCIL (JEC)

Co-Chairs:

Deputy Secretary of Defense & Deputy Secretary, Veterans Affairs

VA/DoD BENEFITS EXECUTIVE COUNCIL (BEC)

Co-Chairs:

Principal Deputy Under Secretary of Defense (Personnel & Readiness) & Under Secretary for Benefits, Veterans Affairs

VA/DoD HEALTH EXECUTIVE COUNCIL (HEC)

Co-Chairs:

Assistant Secretary of Defense (Health Affairs)

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Under Secretary for Health, Veterans Affairs

VA/DoD INTERAGENCY PROGRAM OFFICE (IPO)

Leadership:

Director (DoD)

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Deputy Director (VA)



Why We Can't Wait for Electronic Health



Record

No Common Terminology or Definition

"Hybrid Record"

Seamless Transition Improvements

Unprecedented Use of Reserve and Guard

Opportunities for Improvement

- 1. Eliminate Confusion
- 2. Reduce or Eliminate "Double-Work" in Interim
- 3. Support New Disability
 Evaluation System and
 Expanded Pre-Separation Claims
 Processing Programs
- 4. Make Focus on "Total Force" (i.e. all components)



VA DoD Joint Strategic Plan*



Objective 3.5:

- "The BEC Medical Records Workgroup Will Systematically Examine All Phases of the Military Paper Service Treatment Record (STR) Life-Cycle Management Process, With an Emphasis on Promptly Providing Accurate and Complete STR Related Information for All Servicemembers in All Components and Veterans to DoD and VA Designated Benefits Determination Decision-makers."

Strategy 3.5:

"VA and DoD will collaborate to develop a media-neutral, 21st century solution for managing the STR life cycle. This solution will serve as a bridge between maintaining and transferring a completely paper-based record and managing the record in its current hybrid state containing both paperbased and electronic information until the Departments implement a complete electronic health record."



BEC Medical Records Working



Group

MRWG Established Under the BEC

- Membership: DoD Medical, Dental, and Personnel Communities and VBA Compensation & Pension and Field Operations Representation
- Has since been expanded to include IPO, VHA and MHS CIO's, and VBA Office of Business Process Integration

Scope

 Outpatient Paper Medical and Dental Records, to Include Detailed Mental Health and Inpatient Discharge Notes



Interim Guidance



- Policy Memo from PDUSD(P&R) to Service Assistant Secretaries March 23, 2007—"Stop the Bleeding"
- BEC Executive Decision Memorandum signed September 19, 2007
 - Standardizes term "Service Treatment Record"
 - Standard definition: "Military Service Treatment Record is the chronological documentation of medical and dental care received by a military member during the course of his/her military service."



MRWG Focus



- Analyze STR Lifecycle to Determine Solutions for Issues Associated With Paper Medical Records
 - Lean Six Sigma used as analysis tool - making the current process more efficient rather than revolutionizing the approach (VLER will be the revolution)
- Continue to Monitor "Clean-up" of Identified Backlogs of Loose Medical Documentation
- "Stop the Bleeding" Reduce the Volume of Loose and Late Flowing Documents Sent to VA by 95%



The Way Forward-"Bridging the Gap"



- Focused on Interim Solution as Departments Develop VLER
- Analyzed Data, Processes, Governance
 - Identified Value-Added and Non-Value-Added Processes
- Identified Critical Issues, Root Causes, and Contributing Factors
- Grouped More Than 50 Recommendations According to Cost and Impact



STR Analysis Objectives



STR Analysis Purpose

 - "The Way Forward" – Using Lean Six Sigma Methodology, Determine a 21st Century Solution for the Life-cycle Management of the Service Treatment Record

Objectives

- Improve Timeliness
- Ensure Accuracy/Completeness
- Expand Ready Access to STR Information

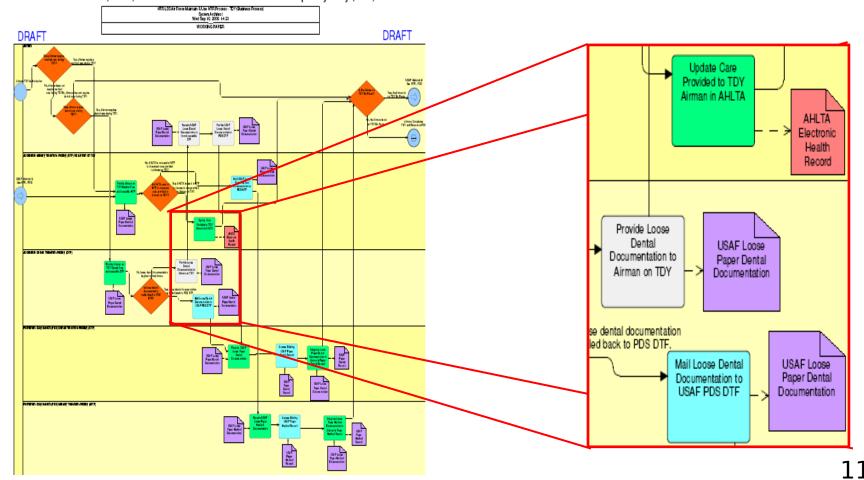


Findings



27 "As-Is" Processes Determined and Analyzed

AIR FORCE (USAF) MAINTAIN & USE HTR PROCESS - Temporary Duty (TDY)





Findings



Identified the 9 Major Issues (Contributing Factors)

- Over-processing
- Inconsistent Practices/Policies
- Personnel and Resource Constraints
- Complete STR information Not Available From One Source
- Existence of a Hybrid Record
- Limited of Interoperability Between DoD and VA's Multiple Systems
- Inconsistency of STR Systems' Availability, Reliability, and Use
- Limited Oversight, Training, and Communication
- No National Archives Records Administration (NARA)-



A View Toward the Future



- Characteristics Eliminated in the "To-Be" State:
 - Over processing
 - Time consuming process of making multiple paper copies
 - Research required to locate paper record
 - Physical Transfer of Records to VA
 - Mailing Servicemember's records to VA is expensive and creates potential for lost paper documents
 - Reworking and Interfiling of Loose and Late Flowing Documentation at VA RMC
 - Handling and Storage of STRs at VA



A View Toward the Future



Characteristics of the "To-Be" State:

- VA and DoD Benefits Determination Employees Have Real-Time Electronic Access to the Servicemember's Medical and Dental Record Via a "One-Stop" DoD Portal
- Digitalization
- Clear and Consistent STR Policies
- Accountability for Completeness Through Regular Verification of the Records with the Servicemember Throughout Military Career
- Interoperable VLER Fully Implemented



Conclusions



Over 50 Recommendations

Key Recommendations Include:

- Create an Electronic Repository for Medical Record Information Maintained and Owned by DoD
 - "Bridges the Gap" to the Virtual Lifetime Electronic Record
 - Accessible by Authorized DoD, VA, Users
- Establish and Implement DoD and Services' Policies
- Establish an STR Disposition Schedule
- Update VA/DoD Memorandum of Agreement Pertaining to Transfer/Loan of Medical Records



Next Steps



Implement Low Cost/High Impact Recommendations

- DoDI, NARA Disposition, and MOA
- Services developing operations to "Stop the Bleeding" and clean up existing backlog

Develop Business Case for Other Recommendations

- Several digitalization scenarios being examined
- Obtain approval from BEC targeted for late summer